Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

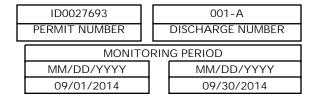
NÄME: " DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

**DOVER, ID 83825** 



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	18	****			Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	134	****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Ho	SAMPLE MEASUREMENT	****	****	****	6.6	****	7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	70	****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI B				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV	direction or		document and all attachme	assure that qualified	* <b> </b>				TEL	EPHONE	DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

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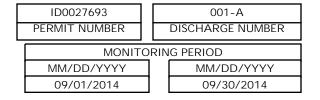
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	1	5			Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.38164	****		*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.4	.3			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto matori, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

ID0027693	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
10/01/2014	10/31/2014							

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	15.9	****			Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	118	****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
DH .	SAMPLE MEASUREMENT	****	*****	****	6.5	****	7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		****	0	0			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	58	*****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI B				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV		er penalty of law that this supervision in accordance	document and all attachme	nts were prepared u	nder my				TEI	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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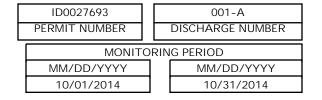
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	2	2			Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.029319	****		****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.4	.3			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	11.7	*****			Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	114	****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	****	6.5	*****	6.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1	1		****	1	1			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	58	****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.233			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submi

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DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825 ID0027693 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
11/01/2014

MM/DD/YYYY
11/30/2014

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	26	130			Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.035479	****		*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.3	.3			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

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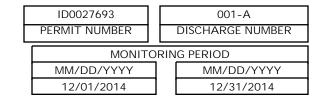
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**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

**DOVER, ID 83825** 



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

**QUALITY OR CONCENTRATION** 

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

NO FREQUENCY SAMPLE

		QUAI	ITTTY OR LOADII	10	1 20	JALITY OR CON	SENTION		I NO.	FREQUENCY	SAIVIPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	9.7	*****			Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	66	****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	****	6.5	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1	1		*****	1	1			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	39	****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	.082			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

**QUANTITY OR LOADING** 

the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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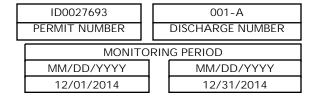
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**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	7	13			Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.044956	****		****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.3	.3			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

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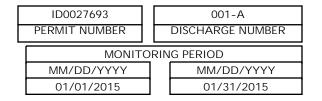
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FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

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QUALITY OR CONCENTRATION

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

NO.

External Outfall

No Discharge

SAMPLE

FREQUENCY

		20/11	ITTI OK LONDI	110		O' LITTON OON	OLIVITO VITOIV		1 110.	· ····	37 (IVII LL
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	8.9	****			Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		0		****	0	0			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	58	****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.5			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1	1		*****	1	1			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	92	****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI B				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel person or per	supervision in accordance roperly gather and evaluate ersons who manage the sy tion, the information subr	document and all attachme with a system designed to be the information submitte stem, or those persons dire nitted is, to the best of my en at there are significant pen	assure that qualified d. Based on my inqui ctly responsible for g knowledge and belief	ry of the lathering true.	IRE OF PRINCIPAL	. EXECUTIVE OFFIC	EFR OR	TEL	EPHONE	DATE
TYPED OF PRINTER			of fine and imprisonment for		5.	AUTHORIZE			AREA Code	L NILIMBED IN	ANA/DD/WWW

QUANTITY OR LOADING

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

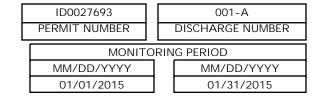
NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	16	79			Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.055208	****		*****	*****	*****	****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.3	.3			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99	*****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

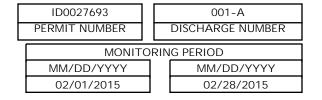
NÄME: " DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

**DOVER, ID 83825** 



QUALITY OR CONCENTRATION

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

NO. FREQUENCY SAMPLE

			ITTT OK LOADII			JALITI OR CON					JAIVIFLL
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	8.5	****			Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	****	*****	41	*****			Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1	1		*****	1	1			Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	46	****			Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

QUANTITY OR LOADING

accurate, and complete. I am aware that there are significant penalties for submitting false

information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

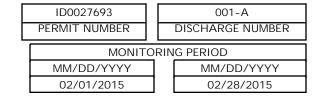
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	2	4.5			Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.08	*****		****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	.3	.5			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	100	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " DOVER, CITY OF ADDRESS: P.O. BOX 115

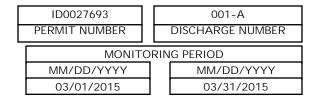
**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

**PARAMETER** 

**DOVER, ID 83825** 



VALUE

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

QUALITY OR CONCENTRATION

VALUE

VALUE

TO THE PEND OREILLE RIVER

NO.

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

EX OF ANALYSIS

		VYTEGE	1 *************************************	1 0	VALUE	1 */ (ESE	1 */\	1 011113	' I I		
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	10.2	*****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	73	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	****	7.1	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	39	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	0				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV	personnel p	supervision in accordance operly gather and evalua	document and all attachme with a system designed to the the information submitted stem, or those persons direct	assure that qualified d. Based on my inquir	y of the				TELE	PHONE	DATE
TYPED OR PRINTED	the information accurate, an	ion, the information subr d complete. I am aware th	stern, or those persons direct nitted is, to the best of my k at there are significant pena of fine and imprisonment for	nowledge and belief, Ities for submitting f	true, SIGNATI	JRE OF PRINCIPAL AUTHORIZE		ER OR	AREA Code	NUMBER	MM/DD/YYYY

UNITS

QUANTITY OR LOADING

VALUE

VALUE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

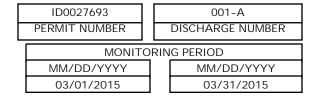
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	ING	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.046	****		*****	****	****	****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.4	.4				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	100	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	100	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	anto matori, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

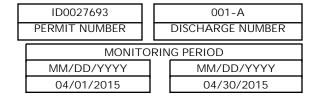
NÄME: " DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

**DOVER, ID 83825** 



QUALITY OR CONCENTRATION

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

NO.

External Outfall

No Discharge

SAMPLE

FREQUENCY

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	7.3	****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	98	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	46	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.114				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel p person or p the informa accurate, an	supervision in accordance roperly gather and evalua ersons who manage the sy tion, the information subr d complete. I am aware th	s document and all attachme e with a system designed the te the information submitte stem, or those persons dire mitted is, to the best of my k at there are significant pen of fine and imprisonment for	assure that qualified d. Based on my inqui ctly responsible for o knowledge and belief alties for submitting	ry of the gathering true, false SIGNAT		EXECUTIVE OFFIC	ER OR	TEL	EPHONE	DATE
TYPED OD DDINTED	- Inition matton	, including the possibility	or time and imprisorment to	or knowing violation:	·	AUTHORIZI	ED AGENT		AREA Code	NILIMBED A	

QUANTITY OR LOADING

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	0	0				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0396	****		*****	****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.3	.3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	100	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	100	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	79 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE **DOVER, ID 83825** 

ID0027693	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

QUALITY OR CONCENTRATION

TO THE PEND OREILLE RIVER

NO.

External Outfall

No Discharge

SAMPLE

FREQUENCY

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	14.1	****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	76	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1	.87		*****	4	3.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	70	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.117				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel p person or per the informal accurate, an	supervision in accordance roperly gather and evalua ersons who manage the sy tion, the information subr d complete. I am aware th	e document and all attachme e with a system designed to be the information submitter stem, or those persons dire- nitted is, to the best of my k at there are significant pena of fine and imprisonment for	assure that qualified d. Based on my inqui ctly responsible for o knowledge and belief alties for submitting	ry of the gathering true, false SIGNAT		EXECUTIVE OFFIC	ER OR	TEL	EPHONE	DATE
TYPED OD DDINITED	miorination	mercaning the possibility	or the and imprisorment it	or knowing violations	·	AUTHORIZ	LD AGENT	T .	AREA Code	NILIMBED	MM/DD/VVV

QUANTITY OR LOADING

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.03	*****		*****	****	****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.3	.3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	100	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	87	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

**PARAMETER** 

VALUE

QUALITY OR CONCENTRATION

**AUTHORIZED AGENT** 

VALUE

VALUE

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

NO.

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

EX OF ANALYSIS

*****  *****  0  15  MO AVG  *****  *****	******  0  23  WKLY AVG  ******	*****  *****  Ib/d  *****	******  ******  *****	21  Req. Mon. MO AVG  0  30 MO AVG	******  *****  0  45	deg C	Weekly	Recorder (auto)
0 15 MO AVG *****	0 23 WKLY AVG *****	lb/d	*****	MÓ AVG 0 30	0 45	J	,	(auto)
15 MO AVG *****	23 WKLY AVG		*****	30	45	mg/L	Weekly	
MO AVG *****	WKLY AVG					mg/L	Weekly	
****		*****	*****		WKLY AVG		VVECKIY	COMP-8
	*****	I		90.2	****			
*****		*****	*****	Req. Mon. MO AVG	****	mg/L	Weekly	COMP-8
	****	*****	7.4	*****	7.6			
****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU	Weekdays	GRAB
0	0		*****	0	0			
15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L	Weekly	COMP-8
****	****	*****	*****	74.1	*****			
****	*****	****	****	Req. Mon. MO AVG	****	mg/L	Weekly	COMP-8
*****	*****	*****	*****	****	0			
****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L	Monthly	COMP-8
	e with a system designed to	assure that qualified	I				TELEPHONE	DATE
	*****  penalty of law that this pervision in accordance erly gather and evalue ons who manage the s'	*****  benalty of law that this document and all attachment and all attachment and all attachments are considered to the system designed to erly gather and evaluate the information submitteens who manage the system, or those persons dire, the information submitted is, to the best of myk	benalty of law that this document and all attachments were prepared uservision in accordance with a system designed to assure that qualified erly gather and evaluate the information submitted. Based on my inqui may who manage the system, or those persons directly responsible for c	*****  *****  *****  *****  *****  *****	*****  *****  *****  *****  *****  *****	******	******	******

UNITS

QUANTITY OR LOADING

information, including the possibility of fine and imprisonment for knowing violations.

VALUE

VALUE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

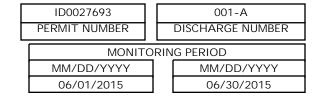
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.035	****		*****	****	****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.39	.25				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	100	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	100	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

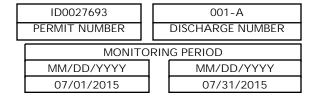
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

**DOVER, ID 83825** 



QUALITY OR CONCENTRATION

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

NO.

External Outfall

No Discharge

SAMPLE

FREQUENCY

QUA	MITTE OR LOADI	NG	1	JALITT OR CON	CENTRATION	_		FREQUENCY	SAIVIPLE
VALUE	******       *******       19.8       *******       deg C         ******       *******       Req. Mon. MO AVG       *******       deg C         .07       .65       *******       .22       2         15       23       Ib/d       *******       MO AVG       WKLY AVG         ******       WKLY AVG       MO AVG       WKLY AVG       WKLY AVG         ******       *******       110       *******       mg/L         ******       *******       Req. Mon. MO AVG       *******       mg/L         ******       *******       7.3       *******       7.5         ******       *******       9       SU         MINIMUM       MAXIMUM       SU	OF ANALYSIS	TYPE						
=	****	*****	*****	19.8	****				
	****	*****	*****		*****	deg C		Weekly	Recorder (auto)
	.65		****	.22	2				
		lb/d	*****			mg/L		Weekly	COMP-8
	****	*****	*****	110	****				
	*****	*****	*****		****	mg/L		Weekly	COMP-8
	*****	*****	7.3	****	7.5				
	****	*****		*****	•	SU		Weekdays	GRAB
	.32		****	.03	1				
	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
	*****	*****	*****	102	****				
	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
	****	*****	*****	****	10.4				
	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
MENT  certify under penalty of law that trection or supervision in accordal ersonnel properly gather and eval	nis document and all attachm nce with a system designed to uate the information submitte	ents were prepared u assure that qualified d. Based on my inqui	nder my	*****		mg/L		TEL	TELEPHONE
MI M	VALUE  PLE EMENT  MIT EMENT  PLE O7 EMENT  MIT 15 EMENT  MIT EMENT  PLE EMENT  MIT EMENT  PLE EMENT  MIT EMENT  PLE EMENT  AND  AVG  PLE EMENT  MIT EMENT  PLE EMENT  LE EMENT  MIT EMENT  PLE EMENT  AND  AVG  PLE EMENT  LE EMENT  AND  AVG  PLE EMENT  AND  AVG  PLE EMENT  AND  AVG  PLE EMENT  AND  AVG  PLE EMENT  PLE EMENT  AND  AVG  PLE EMENT  AND  AND  AND  AND  AND  AND  AND  A	VALUE VALUE  VALUE  ******  ******  ******  ******  ******	VALUE VALUE UNITS  PLE EMENT  MIT EMENT  PLE EMENT  O7  .65  MIT 15 23  Ib/d WKLY AVG  PLE EMENT  MIT EMENT  MIT EMENT  MIT EMENT  MIT EMENT  PLE EMENT  MIT EMENT  D1 EMENT  MIT EMENT  MIT EMENT  MIT EMENT  D2 EMENT  MIT EMENT  MIT EMENT  D4 EMENT  MIT EMENT  D5 EMENT  MIT EMENT  MIT EMENT  D6 EMENT  MIT EMENT  D7 EMENT  MIT EME	VALUE         VALUE         UNITS         VALUE           PLE         ******         ******         ******           EMENT         ******         *******         ******           MIT         ******         ******         ******           PLE         ******         ******         ******           EMENT         ******         ******         ******           MIT         ******         ******         ******           PLE         ******         ******         *******           PLE         ******         *******         *******	VALUE	VALUE	VALUE	VALUE	VALUE

QUANTITY OR LOADING

the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

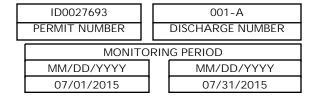
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	2	4				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.39	****		*****	****	****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.3	.3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	*****	*****	%		Monthly	CALCTD

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: " DOVER, CITY OF ADDRESS: P.O. BOX 115

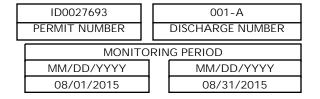
**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

**PARAMETER** 

**DOVER, ID 83825** 



**VALUE** 

QUALITY OR CONCENTRATION

**VALUE** 

**VALUE** 

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

NO.

EX

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

			1	I				1 1		1
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	****	20.4	****			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	deg C	Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.07	.63		****	.25	2			
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L	Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	76	****			
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L	Weekly	COMP-8
РН	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.4			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU	Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.01	.31		*****	.06	1			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L	Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	226	****			
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L	Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	8.61			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel p person or p the informa accurate, an	supervision in accordance roperly gather and evalua ersons who manage the sy tion, the information subr d complete. I am aware th	s document and all attachme e with a system designed to te the information submitte stem, or those persons dire nitted is, to the best of my k at there are significant pens	assure that qualified d. Based on my inqui ctly responsible for g knowledge and belief, alties for submitting f	ry of the pathering true, false SIGNAT	URE OF PRINCIPAL		ER OR	TELEPHONE	DATE
TYPED OF PRINTED	ıntormation	, including the possibility	of fine and imprisonment for	or knowing violations	5.	AUTHORIZE	ED AGENT	AF	REA Code NILIMBER	MM/DD/VV

UNITS

QUANTITY OR LOADING

**VALUE** 

**VALUE** 

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

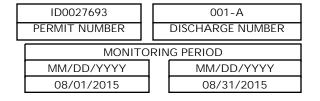
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	0	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.38	****		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.3	.3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97.3	*****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99.5	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

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001-A

Form Approved
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NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

MONITORING PERIOD

MM/DD/YYYY

09/01/2015

DISCHARGE NUMBER

MM/DD/YYYY

09/30/2015

ID0027693

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

VALUE  *****  T  O  T  15  MO AVG  ******  T  ******	VALUE  *****  ******  0  23  WKLY AVG  ******  ******	UNITS  *****  *****  Ib/d  ******  ******	*****  *****  *****  *****  *****  7.2	VALUE  17.4  Req. Mon. MO AVG  0  30 MO AVG  92  Req. Mon. MO AVG  ******	VALUE  *****  0  45  WKLY AVG  ******	deg C mg/L mg/L	EX	Weekly  Weekly  Weekly	Recorder (auto)  COMP-8
T 0 15 MO AVG ******  T ******	23 WKLY AVG *****	*****  lb/d  *****	******  *****  *****  *****	Req. Mon. MO AVG 0 30 MO AVG 92 Req. Mon. MO AVG	*****  0  45  WKLY AVG  ******	mg/L		Weekly	(auto)
T 0 T 15 MO AVG ******  ******	23 WKLY AVG ******	1b/d *****	*****  *****  *****	MÓ AVG  30  MO AVG  92  Req. Mon. MO AVG	0 45 WKLY AVG ******	mg/L		Weekly	(auto)
15 MO AVG ****** T *****	23 WKLY AVG ******	*****	*****  *****  *****	30 MO AVG 92 Req. Mon. MO AVG	45 WKLY AVG *****			,	
T MO AVG  ******  ******  ******	******  *****	*****	*****	MO AVG 92 Req. Mon. MO AVG	WKLY AVG  *****  *****			,	
T ****** T ******	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
T *****	****			MÓ AVG		mg/L		Weekly	COMP-8
г		****	7.2	*****	7.4				1
*****					,				
т	****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
.23	.17		****	1	.75				
T MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
*****	*****	*****	*****	92	*****				
***** T	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
*****	*****	*****	****	****	.09				
***** T	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
J.	T ******  ******  T ******	T ***** *****  T ****** *****  T ****** *****	T	T	T ***** ***** ***** 92  IT ***** ***** ***** Req. Mon. MO AVG  T ***** ***** ***** ***** *****	T *****	T *****	T ****** ***** ****** 92 ****** mg/L  IT ****** ***** ****** Req. Mon.  MO AVG  T ****** ***** ****** Req. Mon.  MO AVG  ****** Req. Mon.  mg/L	T ****** ***** ***** 92 ****** mg/L Weekly  IT ****** ***** ***** Req. Mon. ****** mg/L Weekly  T ****** ***** ***** ****** .09

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system or those persons directly responsible for gathering the information, the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and eval

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825 ID0027693 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY
09/01/2015 09/30/2015

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.028	****		*****	****	****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.29	.3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	100	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98.9	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " DOVER, CITY OF ADDRESS: P.O. BOX 115

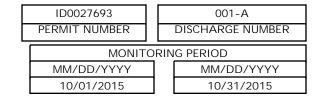
**DOVER, ID 83825** 

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

**PARAMETER** 

**DOVER, ID 83825** 



**VALUE** 

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

QUALITY OR CONCENTRATION

**VALUE** 

**VALUE** 

TO THE PEND OREILLE RIVER

NO.

EX

External Outfall

UNITS

No Discharge

SAMPLE

**TYPE** 

FREQUENCY

OF ANALYSIS

				I		1	1	1 1	I	1
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	15.8	****			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	deg C	Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0			
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L	Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	55	****			
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L	Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.4			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU	Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.21	.16		****	1	.75			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L	Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	62	****			
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L	Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	0			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L	Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel programmer person or pe	supervision in accordance operly gather and evalua ersons who manage the sy- tion, the information subrid d complete. I am aware the	s document and all attachme e with a system designed to te the information submitte stem, or those persons dire mitted is, to the best of my k hat there are significant pena	assure that qualified d. Based on my inqui ctly responsible for g knowledge and belief, alties for submitting f	ry of the athering true, alse SIGNAT	URE OF PRINCIPAL	EXECUTIVE OFFIC	ER OR	TELEPHONE	DATE
TVDED OD DDINITED	information	including the possibility	of fine and imprisonment for	or knowing violations	i.	AUTHORIZE	ED AGENT	ARI	FA Code NUMBER	MM/DD/VVVV

UNITS

QUANTITY OR LOADING

**VALUE** 

**VALUE** 

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.026	*****		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	.22	.2				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	100	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	12.8	****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.021	.166	lb/d	*****	.13	1	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	70	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	****	6.8	****	7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.005	.041	lb/d	****	.03	.25	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	28	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

l I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Mike Wade	TELEP	HONE	DATE
Annie Shaha/ Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)29	0-1562	2/08/201
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

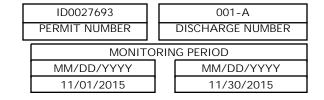
NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	5	26	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.02	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	.13	.2	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	*****	*****	%		Monthly	CALCTD

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/ with original wayer	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290	2/08/201!	
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY